

FILED JUL 21 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 200

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33y 6d
(Specify whether
In this community same
years, months or days)

3. (a) PRINT FULL NAME LENA AGNES HOUSTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced m /

6. (b) Name of husband or wife John M Houston 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Bagnell Mo
(City, town or county) (State or foreign country)

10. Usual occupation house

11. Industry or business _____

MOTHER FATHER

12. Name AK 9

13. Birthplace AK 9
(City, town or county) (State or foreign country)

14. Maiden name AK

15. Birthplace AK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records

(b) Address Fulton Mo

17. (a) Burial (b) Date thereof 7-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Douglas Springs

18. (a) Signature of funeral director Joseph D. Phelan

(b) Address Callaway Mo

19. (a) 7-2-1948 (b) Joseph Morand
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller 66
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 30
year 1948 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6/29/48 19____ to 7/1/48 19____; that I last saw her alive on 7/1/48 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute right side dilatation of heart

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 95

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 6

3. Signature R.P. Rice (M. D. or other)

Address Fulton Mo Date signed 7/1/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
JUL 20 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips....., Registered Apprentice No.....
working under my personal supervision.

Signed

Louis D. Phillips

Licensed Embalmer No. *3663*

P. O. Address *Eden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.